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Sharon O'Keefe
President/CEO
University of Chicago Medical Center
5841 S. Maryland
Chicago, Illinois 60637

VIA CERTIFIED US MAIL

March 7, 2018

Ms. O'Keefe:

The Illinois Department of Public Health has been reviewing the number of hours that Illinois hospitals have been on bypass/resource limitation. This review is based on what is reported by each hospital to EMResource.

In 2018, YTD, DPH notes that The University of Chicago Medical Center has been on bypass almost 250 hours, or nearly 16% of the time. This is one of the top four highest cumulative bypass totals for Illinois hospitals with emergency departments for the same date range. Section 515.315 (a) of the Administrative Code states, in pertinent part:

"The Department shall investigate the circumstances that caused a hospital in an EMS System to go on bypass status to determine whether that hospital's decision to go on bypass status was reasonable"

Therefore, pursuant to 210 ILCS 50/3.125, DPH is requesting that University of Chicago Medical Center submit the following information and materials for February, 2018:

- Steps previously taken to mitigate going on bypass/resource limitation;
- Number of open monitored beds, by day, at the time that each decision to go on bypass/resource limitation was made;
- Documentation of attempts to call in additional staff to avoid going on bypass; and
- Steps/plan being taken to reduce the number of hours on bypass in the future.

Please be so kind as to submit this information to me within 14 days of your receipt of this letter.
If you have any questions, do not hesitate contacting me at Leslee.Stein-Spencer@Illinois.gov.

Sincerely,

7(1)(b)

Leslee Stein-Spencer R.N., M.S.
Acting Division Chief
Division of EMS and Highway Safety

Cc: Thomas Spiegel MD, ED Medical Director
Linda Druelinger M.D., E.D. medical Director
Katie Tataris MD, EMSMD
Cyd Gajewski R.N., EMS Coordinator
Elizabeth Duarte R.N., Region XI EMS Coordinator

March 26, 2018

Leslee Stein-Spencer, R.N., M.S.
Acting Division Chief
Division of EMS & Highway Safety
Illinois Department of Public Health
422 South Fifth Street, 4th Floor
Springfield, IL 62701-1824

Re: IDPH Letter to the University of Chicago Medical Center ("UCMC")
received 3/13/18

Dear Ms. Stein-Spencer:

We received your letter regarding IDPH's review of hospital bypass status reported through EMResource on March 13, 2018. Specifically, you noted UCMC's high rate of bypass for 2018 year-to-date and asked us to address the reasonableness of UCMC's bypass decisions using the factors set forth at 210 ILCS 50/3.125 and according to Section 515.315(a) of the Administrative Code under the Illinois Emergency Medical Services & Systems Act (the "Act"). Please accept this letter as our timely response to your request for additional information and materials.

As you know, UCMC opened its new Adult ED on December 29, 2017. We worked collaboratively with IDPH to maximize patient safety and public awareness during this transition. The new Adult ED is one of the many aggressive actions we have taken to proactively manage our capacity constraints and to mitigate our time on diversion, and we are proud to share this resource with our community after many years of planning.

UCMC's high rate of bypass (16%) year-to-date immediately follows the move of our Adult ED, and also coincides with a busy influenza season throughout the city. Additionally, our Adult ED remains one of the busiest in the city. Our Adult ED volumes have been growing rapidly and, as anticipated, we experienced a significant spike in volume since the Adult ED opened. We have seen an increase in 200 patients per month since the new ED opened. However, we designed the new Adult ED to be clinically superior and more efficient, and we reasonably expect that volumes will smooth out along the anticipated growth trajectory following this period of transition.

Additionally, when the Illinois Health Facilities & Services Review Board ("CON Board") approved the construction of our Adult ED in its new location, they also approved the addition of medical-surgical and ICU beds needed by the community. As planned, this project has proceeded in phases, with construction of the new Adult ED and readiness for trauma paramount.

We continue to acknowledge that the additional elements of the project, including construction in Mitchell hospital where the majority of new beds will be located, will take longer. As a result, we have only put a small fraction of the approved beds into operation. In the interim, we remain committed to addressing bypass in a manner that ensures patient safety and eliminates dangerous overcrowding, and we cite our recent success in this regard as an example of our commitment and ability to do so. Specifically, with the opening of our new hospital in 2013 and the addition of 38 medical-surgical beds in 2014, we were able to bring our rate of diversion down from 20% to 6% for a significant period of time, and we will similarly use good faith efforts to again target reductions in bypass.

Below, we have further addressed each of the items in greater detail:

- **Steps taken to mitigate going on bypass/resource limitation**

We use the NEDOCS calculator to determine the severity of overcrowding in the Adult ED. This score is calculated every few hours to determine appropriate escalation, both within the department and in the hospital. The Adult ED continually flexes space and resources to manage the influx of volume and to avoid going on bypass. When we hit a threshold that is viewed to be unsafe in the department, we initiate a discussion between ED leadership, the charge RN, and attending before any decision to go on bypass is made. We will only initiate bypass when critically necessary, which includes dangerous overcrowding in the ED, among the other factors enumerated under the Act and the Administrative Code. If we initiate bypass, we revisit NEDOCS every **two** hours to see if the department is back to “normal” operations in order to make every effort to manage our resources efficiently. (In contrast, the Chicago EMS Policies and Procedures only require hospitals to update bypass and resource limitations every **four** hours). Whenever the Adult ED goes on bypass, UCMC prioritizes ED admissions over others.

- **Number of open monitored beds, by day, at the time that each decision to go on bypass/resource limitation was made**

We have a well-established and rigorous infrastructure to manage our bed inventory and capacity. All of our beds are monitored. We hold four bed meetings (attended by Bed Access employees, nurse leaders, hospital on-call administrators, EVS, Transport, and others) daily to discuss the number of discharges and the number of admissions (number of pre-admits, number of OR cases, number of patients on the transfer center list, and number of predictive ED admits) planned for the day. The bed meetings provide input into whether surge areas, if available, need to be considered. Following the bed meetings, twice a day, a bed report is sent to all clinical leaders with a summary of capacity and any constraints. The bed report includes each unit, its census, and the number of available beds. It also highlights what is occurring in the ED and the UCMC Transfer Center. Bed Access also sends a notification every morning highlighting the status of beds in the hospital (Green Bed, Yellow Bed, and

Red Bed) – these different statuses notify clinical leaders of the availability of beds and the priority of discharges.

Please see attached two (2) pdf files that highlight UCMC's bypass data for 2018, including the requested information for February. UCMC was not on bypass in the Adult ED for the first 12 days of February. Thereafter, the Adult ED went on bypass only when the ED was dangerously overcrowded, when the hospital was at 100% capacity, when there were no monitored beds, and when the acuity in the ED was extremely high. Our foremost obligation is always to ensure the safety of our patients.

- **Documentation of attempts to call in additional staff to avoid going on bypass**

UCMC hired an additional 26 FTEs prior to opening the new Adult ED. ED staff members are continuously called-in to help manage the influx of volume in the adult ED. Additionally, clinical staff from other areas of the hospital are often called to assist the Adult ED in managing patients who are or will be admitted to the hospital but who are still waiting for an inpatient bed.

- **Steps/plan being taken to reduce the number of hours on bypass in the future**

UCMC has moved forward with making one of our surge units permanent, and we are currently in the process of hiring additional staff. The surge unit has 12 beds. Short term, UCMC is evaluating additional space for surge and, long term, implementing the second phase of the CON project. Additionally, the Adult ED works to improve its internal processes to better manage the influx of volume on an ongoing basis. This past February, we were on bypass in the Adult ED for approximately 63 hours, a significant reduction from January in which we had almost three (3) times as many bypass hours. February 2018 was also the lowest number of bypass hours for UCM since December 2015, and March is trending in a positive direction. Furthermore, the ED leadership team has commissioned a Bypass Committee to review current bypass hours and to implement initiatives to reduce the amount of time on bypass.

We appreciate this opportunity to explain how UCMC manages capacity, both in the ED and in the hospital overall, in relation to bypass in our Adult ED. Please let us know if you have any questions or need further information, either regarding this time period or of UCMC's overall policies and procedures.

Thank you.

7(1)(b)

/ Sharon O'Keefe /
President



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March 30, 2018

Sharon O'Keefe
President
University of Chicago Medical Center
5841 South Maryland Ave
Chicago, IL 60637

Dear Ms. O'Keefe,

I am in receipt of your letter of March 26, 2018 in which you provide an explanation to IDPH Division of EMS regarding concerns for bypass at University of Chicago Medical Center.

After review of the information you identified as to the reasons for bypass as well as review what measures you have in place to try and mitigate the number of hours you are on bypass, the Department looks forward to monitoring the impact of your ongoing efforts, as reflected in the number of hours your hospital is on bypass. . Please continue your important efforts.

I appreciate your quick response to my letter as well as how serious you take the issue of bypass. If you have any questions, please feel free to contact me at leslee.stein-spencer@illinois.gov. .

Sincerely,

7(1)(b)

Leslee Stein-Spencer R.N., M.S.
Acting Division Chief of EMS
Illinois Department of Public Health

Cc: Thomas Spiegel M.D., ED Director
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